

# REQUIREMENTS FOR LICENSURE - SURVEYOR

Access this form via website at: [www.state.hi.us/dcca/pvl](http://www.state.hi.us/dcca/pvl)

## REQUIREMENTS

1. Possess the proper education and/or experience as contained below; AND
2. Pass the NCEES, FLS and PLS exams or equivalent exams; AND
3. Pass the Board-produced exam on Hawaii Description Writing.

## PATHWAYS

There are two basic pathways to licensure:

1. If you are already licensed in another state, you will be seeking licensure via
  - a. Endorsement with NCEES exams or
  - b. Endorsement without NCEES exams.
2. If you are NOT licensed in any other state, you will be seeking licensure via NCEES exams.

On page 1 of the application form, please indicate which pathway (1a, 1b, or 2) for licensure you are taking.

## MINIMUM EDUCATION & EXPERIENCE

The amount of experience required is dependent on the level of education you have and the pathway applicable to you:

EDUCATION LEVEL	LAWFUL EXPERIENCE	EXAMINATIONS	
1 – Graduate of a 4-year geoscience, land surveying, civil engineering, or general engineering curriculum from an approved school or college	3 years	FLS and PLS * Or 15 years responsible charge	Board Exam
2 – Graduate of a 4-year arts and science curriculum with a math, science, or science-related major from an approved school or college	7 years	FLS and PLS * Or 15 years responsible charge	Board Exam
3 – Graduate of a 2-year civil engineering technology (survey optional) curriculum from an approved school or college	7 years	FLS and PLS * Or 15 years responsible charge	Board Exam
4 – No degree	11 years	FLS and PLS * Or 15 years responsible charge	Board Exam

On page 1 of the application form, please indicate which level of education (1 to 4) you have.

\* Option of 15 years Responsible Charge experience only applicable to Licensure via Endorsement.

## FOREIGN EDUCATION

In addition to the foregoing, graduates of foreign colleges must have their foreign education evaluated if they wish to have their college degree(s) considered.

In order to do this, contact Engineering Credentials Evaluation International (ECEI) Accreditation Board for Engineering and Technology, Inc. (ABET) at [www.ecei.org](http://www.ecei.org), or by calling (410) 347-7738, or writing to 211 E. Lombard Street, #357, Baltimore, MD 21202.

Reports are prepared by ECEI/ABET and a copy is sent to us usually within 45 days following receipt of all required documents.

## VERIFICATION OF EXPERIENCE

Applicants are required to document his/her education and experience. You will need to document your experience in the record portion of the application. However, your level of education and pathway for licensure will dictate the type of additional verification you will need to submit. Refer to the listing below for ways to provide evidence of your experience:

1. Lawful experience under the supervision of a licensed land surveyor(s): You must have the enclosed forms EAS-14, "Verification of Supervision", completed by your supervisor(s). If your supervisor is no longer available, contact your original state of licensure and have them submit copies of documentation on your experience directly to the Board.  
**Note:** If you need to take the NCEES exams, the experience must have been gained by the filing deadline (January 10 or July 10).
2. Experience in responsible charge (for licensure via endorsement): You must have the enclosed form EAS-11(a) completed. Please note that experience in responsible charge will be credited in the ratio of 2:1 of the required lawful experience.
3. Combination of #1 and #2 above.

## EXAMINATION

Applicants for licensure via endorsement:

Verification of your examination and exam scores must be accomplished. Send the "Verification of Exam/License", form S-1, to the state in which you were **ORIGINALLY LICENSED BY EXAMINATION** with the appropriate service fee, if any. Contact your state licensing agency for any charge. If more than one form is needed, in cases where the exams were taken in more than one state, please duplicate. Completion of this form will also serve to verify your out-of-state license.

If you wish to have the NCEES exams waived, you will need to complete the "Verification of Experience in Responsible Charge".

Applicants for licensure via NCEES exam:

Upon approval of your application, we will inform the test administrator, the National Council of Examiners for Engineers and Surveyors, of your eligibility to take the FLS and/or PLS. The NCEES will send you an examination packet containing information on registration and cancellation deadlines and fees.

1. NCEES exams
  - a. Fundamental of Land Surveying (FLS)\*
  - b. Professional Land Surveying (PLS)

The FLS and PLS exams are offered twice a year (April and October) on Oahu.  
Filing deadline: January 10<sup>th</sup> for April; July 10<sup>th</sup> for October.

For your information:

NCEES  
P. O. Box 1686  
Clemson, SC 29633-1686  
Phone: (864) 654-6824  
[www.ncees.org](http://www.ncees.org)

\*Education level and experience to qualify to take the NCEES FLS exam:

EDUCATION LEVEL	EXPERIENCE
1 – Be in the last year of a geoscience, land surveying, civil engineering, or general engineering curriculum from an approved school or college with graduation within 7 months of the date of application	None
2 – Graduate of a 4-year geoscience, land surveying, civil engineering, or general engineering curriculum from an approved school or college	None
3 – Graduate of a 4-year arts and science curriculum with a math, science, or science-related major from an approved school or college	5 years
4 – Graduate of a 2-year civil engineering technology (survey optional) curriculum from an approved school or college	5 years
5 – No degree	9 years

On page 1 of the application form, please indicate which level of education (1 to 5) you have.

The Board-produced Hawaii Description Writing Exam:

The board-produced exam is offered twice a year (April and October) on Oahu.

Filing deadline: 60 days prior to exam date.

Cost: \$80 made payable to Commerce & Consumer Affairs.

If you require special accommodations to sit for the licensure examination, please contact the Exam Branch immediately, but no later than the exam filing deadline, at (808) 586-2711 to obtain a Disability Certification Form that will need to be completed and returned to our office. No action will be taken to provide special testing accommodations until your exam application is complete and approved.

## SUBMITTALS

1. Complete the entire application; provide details of your experience in the "Experience Record" portion (keep in mind that "supervisor" refers to a licensed surveyor other than yourself); and
2. Provide a copy of all pertinent diplomas or official transcript(s) from an approved school or college; and
3. **A non-refundable application fee of \$75 made payable to Commerce & Consumer Affairs.**

Depending on your pathway and the examination you are applying for, the board will be awaiting submission of one or more of the following:

1. "Verification of Supervision" form completed by your supervisor(s) who is a licensed surveyor;
2. "Verification of Exam/License" form from another state board;
3. "Experience in Responsible Charge" form from a licensed surveyor; or
4. ECEI/ABET report if you are a graduate of a foreign college.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

## INFORMATION & INSTRUCTIONS – SURVEYOR

*Complete the attached form using a typewriter or print legibly in black ink. Answer all questions and sign and date the application form. Applications that lack supporting documents required for exam or licensure will not be considered. It is the applicant's responsibility to ensure that all documents are timely received.*

## REQUIREMENTS

Please read the requirements section carefully. Should you have a question or concern regarding the requirements, contact the Licensing Branch at (808) 586-3000.

Individuals from the neighbor islands can call the toll free access numbers:

Kauai:	274-3141 ext. 3000	Maui:	984-2400 ext. 3000
Hawaii:	974-4000 ext. 3000	Molokai:	1-800-468-4644 ext. 3000
Lanai:	1-800-468-4644 ext. 3000		

Information can also be obtained from the Professional & Vocational Licensing Division website: [www.state.hi.us/dcca/pvl](http://www.state.hi.us/dcca/pvl)

## FEES

Make check payable to: COMMERCE & CONSUMER AFFAIRS (unless otherwise noted).

**Note:** One of the requirements that must be met is the payment of fees as set forth in this application. You may be sent a registration or license certificate before the check you submitted for your required fees clears your bank. If the check is returned to DCCA unpaid, you will have failed to pay the required fees and your registration or license will not be valid, and you may not conduct business under that registration or license. Also, a \$15 service fee will be charged for checks which are not cleared and subsequently returned from the bank.

## RETURN OF REQUIRED ITEMS

Mailing Address:

Board of EASLA  
DCCA, PVL Licensing Branch  
P. O. Box 3469  
Honolulu, HI 96801

Office location:

1010 Richards St., 1<sup>st</sup> fl  
Honolulu HI 96813

## RESPONSE

You will receive a deficiency notice or an approval notice upon receipt of all required documents and review of your application.

If for any reason you are denied the registration or license you are applying for, you may be entitled to a hearing as provided by the Hawaii Administrative Rules, Title 16, Chapter 201, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing should be directed to the agency that issues your registration or license and must be received within 60 days of the date that your application for registration or license has been denied.

## ABANDONMENT

Your application may be considered abandoned and may be destroyed if, after 2 years, you fail to provide the board evidence of your efforts to complete the licensure process.

## **LAWS & RULES PUBLICATIONS**

You must certify to reading, understanding, and agreeing to comply with the Hawaii Revised Statutes and Hawaii Administrative Rules governing this license area. Please see below for the chapter numbers and cost of the applicable Hawaii Revised Statutes and Hawaii Administrative Rules. To obtain a copy of the statutes and rules, send a written request and payment to: Cashier, Commerce & Consumer Affairs, P.O. Box 541, Honolulu, Hawaii, 96809 (price subject to change without notice). In addition, you may download the statutes and rules from the following site: [www.state.hi.us/dcca](http://www.state.hi.us/dcca). Look under "Obtaining Information".

For Surveyors, you should be familiar with Chapter 464 (25¢), Chapter 115 (\$1.25), and Chapter 436B (75¢).

## **LICENSURE & RENEWAL**

After all requirements are fulfilled, license fees will be due. Notification of amounts will be sent to you at the appropriate time.

For Surveyors, all licenses (regardless of issuance date) will expire on April 30 of each EVEN-NUMBERED year and are subject to renewal by the license expiration date. Renewals received after the license expiration date are subject to late renewal fees and may be restored up to 2 years. After 2 years, a new application for licensure is required.

## **CHANGE OF ADDRESS**

Whenever you have a change of address, please report it to the department in writing so that your records can be updated.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

# APPLICATION FOR LICENSURE - LAND SURVEYOR

State of Hawaii Board of Engineers, Architects, Land Surveyors & Landscape Architects

Indicate the type of application you are making at this time:

(Place a checkmark next to your pathway to licensure and circle your education level)

#1 ☐ Endorsement  
Licensed in \_\_\_\_\_  
(State)  
License No. \_\_\_\_\_  
Education Level: 1 2 3 4

a. ☐ with NCEES exam  
Passed FLS exam in \_\_\_\_\_ on \_\_\_\_\_  
(State) (Date)  
Passed PLS exam in \_\_\_\_\_ on \_\_\_\_\_  
(State) (Date)

b. ☐ without NCEES exam

#2 ☐ Via NCEES exams  
☐ Application for initial FLS exam  
Education Level re: FLS: 1 2 3 4 5  
☐ Application for initial PLS exam  
Education Level re: PLS: 1 2 3 4

BOARD USE

Approved: FLS \_\_\_\_\_ PLS \_\_\_\_\_ STATE \_\_\_\_\_

Passed: FLS \_\_\_\_\_ PLS \_\_\_\_\_ STATE \_\_\_\_\_

License No: \_\_\_\_\_  
LS - \_\_\_\_\_  
Date Licensed \_\_\_\_\_

Name (First-Middle)	(LAST)	Social Security No.
Residence Address (Include Apt. No., City, State & Zip Code)		Phone No. (days)
Mailing Address (ONLY if different from above)		Employer's Name, Address & Phone No.
Other Names used:		

- (1) Are you at least 18 years old? ..... YES NO  
(2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? ..... YES NO  
(3) Have you ever applied for or been licensed as a Land Surveyor in Hawaii? ..... YES NO  
If "YES" indicate the MONTH and YEAR: \_\_\_\_\_ or LICENSE NUMBER: \_\_\_\_\_  
(4) In the past 20 years have you been convicted of a crime in which the conviction has not been annulled or expunged? ..... YES NO  
(5) Has any license ever been suspended, revoked or otherwise subject to disciplinary action? ..... YES NO  
(6) Are there any disciplinary actions pending against you? ..... YES NO

EXPLAIN 'YES' RESPONSES, PROVIDING DATES, PLACES, AND TYPE OF CONVICTION OR DISCIPLINARY ACTION ON A SEPARATE SHEET.

LICENSURE WITH OTHER BOARDS	Name of Board First Licensed With	Certificate Number	Effective Date	By Written Exam?	Current?	Name of Other Boards Licensed With
EDUCATION Indicate if School of Engr. with university & clarify degree, as "BS in Engr."	Name & Location of School	Dates (Mo/Yr)		Date Graduated	Degree Received	Technical Course
		From	To			
	Engineering College/University					
	Other College/University					

(CONTINUED ON BACK – SIGNATURE REQUIRED ON PAGE 2)

App.....	244 .....	\$75	CRF .....	247 .....	\$35/70
Exam (III).....	254 .....	\$80	½ Renewal.....	240 .....	\$40
Reg.....	245 .....	\$50	Service Fee.....	BCF .....	\$15

**EXPERIENCE RECORD** (You may attach additional sheets provided that the information is in this format)

ENGAGEMENT NUMBER	DATES (mo/yr) TIME (yrs & mos)			TITLE OF POSITION, NAME OF EMPLOYER & CHARACTER OF EACH EMPLOYMENT. <i>Designate each employment or change in position by a separate letter and a ruled line extending across page. Include magnitude &amp; complexity of work on which engaged, your duties &amp; degree of responsibility. Have in mind that the Examining Committee is more interested in your specific duties rather than the number of persons employed or over-all cost of projects.</i>	YOUR SUPERVISOR	
	FROM	TO	TOTAL TIME		NAME & ADDRESS	Licensed Land Surveyors?
				SUMMARY (By Applicant) TOTAL EXPERIENCE		
				SUMMARY (By Board)		

**AFFIDAVIT OF APPLICANT:**

I, the person named on this application, being first duly sworn, do depose and say: That I have read this application and know the contents thereof and that, to the best of my knowledge and belief, the foregoing statements are true in substance and effect and are made in good faith. I also certify that I have read, understand, and agree to comply with the laws and rules that the board determines are required for licensure.

Date \_\_\_\_\_

Signature of Applicant

## VERIFICATION OF SUPERVISION - LAND SURVEYOR

The applicant named below has applied for licensure by examination or endorsement with the Board of Professional Engineers, Architects, Surveyors and Landscape Architects. The Board rules require that an applicant for licensure must have worked for a specified number of years under the supervision of licensed land surveyor(s). To verify this period of supervision, this form shall be completed by the applicant's supervisor and mailed to: **Board of Professional Engineers, Architects, Surveyors and Landscape Architects, P. O. Box 3469, Honolulu, Hawaii 96801.**

Name of Applicant:	Name of Supervisor:	
Name of Employer:	Address of Supervisor:	
1. The applicant worked under my supervision from _____ to _____. Total Yrs _____ Mos _____.		
2. During the time indicated above, I was licensed as a:		
a. <input type="checkbox"/> <b>Land Surveyor</b> Certificate No. _____ Date of Licensure _____ State _____		
b. <input type="checkbox"/> <b>Other Profession of Licensure</b> Certificate No. _____ Date of Licensure _____ State _____		
3. What was the scope of your supervision?		
4. Please describe specific assignments given to applicant on projects while under your supervision:		
5. Other comments regarding the applicant:		

I hereby certify that the statements and answers contained in this verification regarding the person named as applicant are true and correct to the best of my knowledge; and the statements given regarding myself are true and correct.

\_\_\_\_\_  
Signature of Supervisor

Date \_\_\_\_\_



# VERIFICATION OF EXPERIENCE IN RESPONSIBLE CHARGE – LAND SURVEYOR

State of Hawaii, Board of Engineers, Architects, Surveyors & Landscape Architects.

Access this form via website at: [www.state.hi.us/dcca/pvl](http://www.state.hi.us/dcca/pvl)

The applicant named below has applied for licensure by endorsement with the Board of Professional Engineers, Architects, Surveyors and Landscape Architects. The Board rules allow an applicant to waive the examination or qualify for licensure on the basis of experience in responsible charge. To verify this period of experience, this form shall be completed by a licensed surveyor and mailed to: **Board of Professional Engineers, Architects, Surveyors and Landscape Architects, P.O. Box 3469, Honolulu, Hawaii 96801.**

NAME OF APPLICANT:		NAME OF LICENSED SURVEYOR:
FROM	TO	DESCRIPTION OF LAND SURVEYING WORK

I hereby certify that I have knowledge of the applicant's land surveying experience as stated above in which the applicant was in responsible charge of the land surveying work.

\_\_\_\_\_  
Signature of Licensed Land Surveyor

Print Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

VERIFICATION OF EXAM/LICENSE - ENGINEERS, ARCHITECTS, LAND SURVEYORS, AND LANDSCAPE ARCHITECTS

State of Hawaii  
Board of EASLA

Access this form via website at: [www.state.hi.us/dcca/pvl](http://www.state.hi.us/dcca/pvl)

A P P L I C A N T	APPLICANT: Complete top of this page and forward to ORIGINAL state of license.				
	Name (First, Middle)		(LAST)	Other Names used:	
	Address (Include apt. no., city, state and zip code)			Social Security No.	
				Phone No.	
				Circle type of License Held:	
	License No.	Date Issued	PE      ARCH      LAND ARCH      LAND SURVEYOR		
I hereby authorize the licensing agency in the State of _____ to furnish to the Department of Commerce and Consumer Affairs, State of Hawaii, the information below.					
Date _____ SIGN HERE: _____					

PART II - FOR STATE BOARD ONLY TO COMPLETE						
The above-named person is applying for license in the State of Hawaii. Please complete all information below, affix your board seal and mail directly to: BOARD OF EASLA DCCA, PVL LICENSING BRANCH P.O. BOX 3469 HONOLULU, HI 96801						
Certificate Number Date Issued Valid Until Date Applied	PROFESSIONAL ENGINEER	ENGINEER IN TRAINING	ARCHITECT	LANDSCAPE ARCHITECT	LAND SURVEYOR	CURRENT & GOOD STANDING  [ ] License is in good standing.  [ ] If any pending action or past sanctions, please explain on reverse side.
	_____	_____	_____	_____	_____	
	_____	_____	_____	_____	_____	
	_____	_____	_____	_____	_____	
	_____	_____	_____	_____	_____	
EIT accepted from (name of states):			Indicate <u>DISCIPLINE OF ENGINEERING</u> examined in (Use "NA" if not applicable):			
Examination Subjects	No. of Hours	Grade Obtained	Passing Grade Required	Month & Year Passed	Uniform NCEES, NCARB or CLARB exam?	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	

BY: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DATE: \_\_\_\_\_

BOARD SEAL  
(if none, please state none)